

National Domestic Preparedness Office

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Weapons of Mass Destruction

- Nuclear
- Biological
- Chemical

Westwind

- Took place in February 1999
- Engaged state of California and LA first responder communities
- Scenarios was a chemical release
- Participants:
 - LAPD, Fire, EMS
 - LA County Sheriff
 - California Highway Patrol
 - California office of emergency mgt.
 - FBI
 - DOE, FEMA, DOJ, DoD, VA

First Responder Concerns

- Secondary device (booby trap)
- PPE
 - Oxygen Supply
 - Heat Exhaustion
 - Dehydration
 - Urination
 - Pain/claustrophobia
 - Tear in suit
 - Impaired vision/communication

First Responder Concerns

- They, themselves, may become victims
 - ◆ Self exposure (secondary contamination)
 - ◆ Spread of agent to family members
 - ◆ Avoidance by others

Role of Mental Health On-Site

- Briefing and debriefing of teams (education)
- Assessment & treatment of team members
- Information provider to family members of first responders
- Assist in triage
- Media relations
- Victim Relations

Who are the First Responders?

- EMS/Hazmat/Fire/Law enforcement
- Emergency room physicians & staff
- Private physicians
- HMO's
- Mental health professionals

Health care providers

- Safety of family members (child care)
- Reassurance of own safety (victims adequately decontaminated)

Review of TOPOFF

- Physicians fears
- No psychological issues
- No mental health intervention considered
- No walking wounded/worried well
- No psychogenic cases

Can you provide assistance...
without an understanding of the threat agent?

WMD vs. Conventional Agents

- True psychological warfare
- Onset of event unknown
- Uncertain termination
- Site of attack unknown
- Multiple attack sites possible
- Actual agent not needed to inflict severe damage

B'nai B'rith, Washington, DC Hoax

- April 24, 1997
- Broken petri dish marked “anthracic”
- Delivered by mail
- 100 people affected
- 1 suffered heart attack
- The way in which a situation is handled can cause more damage than the actual threat

WMD vs. Conventional Agents

- Unfamiliarity with agent (fear of the unknown)
- No visible destruction (invisible enemy)
- Visual cues absent for escape from threat
- Not clear when, where, how and if one is a victim

Identification of Victims

- Actual exposure
 - ◆ Medical symptoms misdiagnosed as psychological
 - ◆ Delayed onset of symptoms
- Perceived exposure
 - ◆ Symptoms of anxiety misdiagnosed as medical
 - ◆ Mass psychogenic illness

Aum Shinrikyo 1995 Tokyo Subway Sarin Attack

- 5,519 seek medical attention
- 12 die
- 17 critically injured
- 1,370 suffer mild injuries
- 4,000 no medical injuries

Psychological Effects on the Community

- Paranoia grows (fear of contamination)
- Pre-existing psychiatric conditions worsen
- Mass panic
- Mass evacuation
- Quarantine
- Mass looting
- Mass fatalities
- Crime scene

Impact on Community Infrastructure

- Schools
- Public transportation
- Airports
- Businesses
- Caregivers

Hospital Patients

- Rumors
- Fear
- Anxiety

Long Term Psychological Effects

- Duration of the psychological aftermath persists long after the actual event has ended
- Emergence or re-emergence as psychological or physical symptoms down the road
- Provision for long term counseling
- Suicides
- Stigma
- Mysterious syndromes emerge
- Ticking time bomb effect

Prevention

- Mental health can be key to prevention: you can't prevent the attack or prevent the physical casualties.

You can mitigate the psychological casualties which have the potential to be the largest group of affected individuals